

MULTIPLE DEPENDENT CLAIM CALCULATION SHEET (USE WITH FORM PTO-875)						SERIAL NO. <b>10/089695</b>	FILING DATE
						APPLICANT(S)	
<b>6/30/05 CLAIMS</b>							
	DI	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		1		1			
TOTAL DEP.		18		18			
TOTAL CLAIMS		19		19			
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY